

Political Organization
Notice of Section 527 Status

OMB No. 1545-1693

85-0472656

Part I General Information

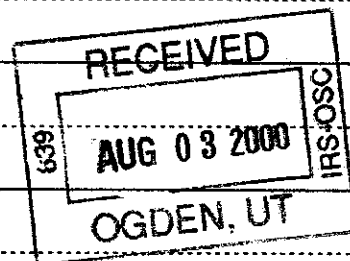
1 Name of organization <i>Committee to Elect Victor Scherzinger</i>		Employer identification number <i>(see attached)</i>
2 Mailing address (P.O. Box or number, street, and room or suite number) <i>P.O. Box 1569</i>		<i>85-0472656</i> <i>pending - has been requested</i>
City or town, state, and ZIP code <i>Corrales, NM 87048</i>		<i>85-0472656</i>
3 E-mail address of organization <i>cottonwood@aol.com</i>		
4a Name of custodian of records <i>Jeanette Miller</i>	4b Custodian's address <i>104 Willow Ct. Rio Rancho, NM 87124</i>	
5a Name of contact person <i>same as above</i>	5b Contact person's address <i>same as above</i>	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code		

Part II Purpose

7 Describe the purpose of the organization
Committee to elect candidate to state public office.

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address



Application for Employer Identification Number(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) Committee to Elect Victor Scherzinger														
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name													
	4a Mailing address (street address) (room, apt., or suite no.) 390 Manierre Rd.	5a Business address (if different from address on lines 4a and 4b) P.O. Box 1569													
	4b City, state, and ZIP code Corrales, NM 87048	5b City, state, and ZIP code Corrales, NM 87048													
	6 County and state where principal business is located Sandoval County, New Mexico														
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN or														
	8a Type of entity (Check only one box.) (see instructions) Caution: If applicant is a limited liability company, see the instructions for line 8a. <table style="width: 100%;"><tr><td><input type="checkbox"/> Sole proprietor (SSN)</td><td><input type="checkbox"/> Estate (SSN of dec)</td></tr><tr><td><input type="checkbox"/> Partnership</td><td><input type="checkbox"/> Plan administrator</td></tr><tr><td><input type="checkbox"/> REMIC</td><td><input type="checkbox"/> Other corporation (s</td></tr><tr><td><input type="checkbox"/> State/local government</td><td><input type="checkbox"/> Trust</td></tr><tr><td><input type="checkbox"/> Church or church-controlled organization</td><td><input type="checkbox"/> Federal government</td></tr><tr><td><input checked="" type="checkbox"/> Other nonprofit organization (specify) ► political campaign (enter</td><td></td></tr><tr><td><input type="checkbox"/> Other (specify) ►</td><td></td></tr></table>		<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of dec)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator	<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (s	<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust	<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government	<input checked="" type="checkbox"/> Other nonprofit organization (specify) ► political campaign (enter		<input type="checkbox"/> Other (specify) ►
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<input checked="" type="checkbox"/> Other nonprofit organization (specify) ► political campaign (enter															
<input type="checkbox"/> Other (specify) ►															
8b If a corporation, name the state or foreign country (if applicable) where incorporated State															
9 Reason for applying (Check only one box.) (see instructions) <input type="checkbox"/> Started new business (specify type) ► <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Created a pension plan (specify type) ► <input checked="" type="checkbox"/> Other (specify) ► Notice of Sec 527															
10 Date business started or acquired (month, day, year) (see instructions) 4-18-00	11 Closing month of accounting year (see instructions)														
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)															
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions)															
14 Principal activity (see instructions) ► Political campaign															
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ►															
16 To whom are most of the products or services sold? Please check one box. <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ► <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> N/A															
17a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.															
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ► Trade name ►															
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN															
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.															
Name and title (Please type or print clearly.) ► Plante Miller Campaign Chair															
Signature ► Plante Miller Date ► 7-31-00															
Note: Do not write below this line. For official use only.															
Please leave blank ► Geo. Ind. Class Size Reason for applying															

*Faxed to Austin,
Tx. at 2:36 p.m.;
July 31, '00.*